

Application Number _____

Please type or Print

APPLICATION FOR CONDITIONAL USE PERMIT
COUNTY OF MOORE

Office of Zoning Administrator

DATE: _____

1. Acreage of Property: _____
2. Present Zoning: _____
3. Proposed Use of Property: _____

4. a. Applicant: _____
b. Address: _____
c. Phone Number: _____
5. Other persons represented: _____
6. Address: _____
7. Phone Number: _____
8. Location and dimensions of property:
 - a. Road Location: _____
 - b. Township: _____
 - c. Tax Map Number: _____ Block Number: _____ Lot Number: _____
 - d. Property Frontage: _____
 - e. Property Depth: _____
9. a. Owner of Property: _____
b. Deed Book Number: _____
c. Deed Page Number: _____

10. I (We) hereby attach a map showing the following information (map shall be of sufficient scale to accurately show required information):
 - a. Location of all structures within fifty (50) feet of the property,
 - b. Location and depth of any existing utility lines in the property or along any adjacent street,
 - c. Location of property boundaries and easements or proposed easements for utility lines which cross or occupy any portion of the property.
11. As a part of the above map or as a separate document, I (we) submit detailed construction plans for the proposed Conditional Use.
12. The following are all of the persons, firms or corporations owning property adjacent to both sides and rear and in front to (across the street) the property for which Conditional Use Permit is requested.

Name	Address	Tax Map Number Block & Lot

(If you need additional space, please attach additional sheets to this form)

I (We), the undersigned, certify that all statements furnished in this application are true to the best of my (our) knowledge, and do hereby agree to follow all reasonable requests for information as designated by the County Zoning Administrator.

Applicant's Signature

Applicant's Signature

Date Received: _____

Received by: _____

Filing Fee paid on: _____

Planning Office Receipt Number: _____